

**Applied Assessments LLC**  
***Notice of Independent Review Decision***

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**Applied Assessments LLC**  
**An Independent Review Organization**  
**900 Walnut Creek Ste. 100 #277**  
**Mansfield, TX 76063**  
**Phone: (512) 333-2366**  
**Fax: (888) 402-4676**

**Email: [admin@appliedassessmentstx.com](mailto:admin@appliedassessmentstx.com)**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. X injured X while X. X was diagnosed with X. X was evaluated by X, MD on X, for X pain. The pain radiated into the X. X was able to X. The pain was rated X. The pain was described as X. X had helped with the pain. Since the prior visit, X had undergone a X. X were noted in the X. On examination, X had X. The X was positive on the X. The X was noted in the X. The assessment was X. The plan included X. X evaluation and X evaluation for X pain X were recommended. On X, X pain level was X. There were no significant changes in X examination since the prior visit. X blood pressure was X. X was recommended. Per an office visit dated X, an MRI of the X revealed X. Treatment to date included X. Per a utilization review determination letter dated X the recommended request for X was non-certified. Rationale: "The official disability guidelines state that X requires documentation that the X produced a minimum of X percent pain relief and improved function for at least X weeks. In the clinical records submitted for review, there was documentation that the patient had an X in X and the physician documented X days of X percent pain relief after the X. The documentation does not meet the criteria for X. Therefore, the request for X is non-certified." Per a utilization review reconsideration letter dated X the recommended prospective request for X was non-certified. Rationale: "The Official Disability Guidelines state that X requires documentation that the X. In the clinical records submitted for review, there was documentation that the patient had an X and the physician documented X. The documentation does not meet the criteria for X. Therefore, the request for X is non-certified."

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

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The Official Disability Guidelines discusses considerations for X. As noted in a prior review, the medical records in this case do not clearly document sustained relief from a X. Moreover, the guidelines generally recommend X early in the course of an injury in order to facilitate initial active functional restoration. Meaningful benefit from an X in the current chronic setting is not generally anticipated. The records at this time do not provide an alternate rationale for an X in the current timeframe.

Given the documentation available, the requested service(s) is considered not medically necessary and therefore upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES